

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
1	1											
2		1										
3		1										
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6		1										
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TOTAL DEP.	33											
TOTAL CLAIMS	37											
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TOTAL CLAIMS												

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